## City of Brookhaven

200 Ashford Center North, Suite 150 Dunwoody, GA 30338 Main (404) 637-0500 Fax (404) 637-0501 www.brookhavenga.gov

## ALCOHOLIC BEVERAGE WHOLESALE EXCISE TAX RETURN

Note: Incomplete forms will be returned to you to be fully completed.

Business Name:	Account	Account Number:		
Address:	Month/Year Reported:			
Phone:	Email:			
The excise taxes imposed by this division shall be collect retail licenses for sale to the same, in the City of Brookh time of the wholesale sale of such beverages. It shall be or before the 15th day of each month, for the preceding	naven. Said excise taxes shall be col e the duty of each wholesaler to rer	lected by	the wholesalers at the	
This remittance shall be accompanied by a statement us showing the total sales of each type of wine and alcoholic calendar month exact quantities of wine and alcoholic and ending inventory for the month, sold to every pers beverages in the City of Brookhaven. Failure to file such day of each month, shall be grounds for suspension or pay by the due date will subject the licensee to the personner.	olic beverage, by volume and price, beverages, by size and type of cont on holding a retail license for the sa h a statement, or to remit the tax r revocation of the license provide	disclosing ainer, cor ale of win collected	g for the preceding a stituting a beginning e and alcoholic on or before the 15th	
The excise tax levied on the sale of distilled spirits by the per liter of distilled spirits, excluding fortified wines, and The excise tax levied on the first sale or use of wine by at like rates on all fractional parts of a liter.	d a proportionate tax at like rates of	on all frac	tional parts of a liter.	
This return in subject to audit:  1. Liters sold of distilled spirits:  (excluding fortified wines)	X \$ 0.22 per liter	=	\$	
Liters sold of fortified wines:  (excluding distilled spirits)	X \$ 0.22 per liter	=	\$	
3. Subtotal:		=	\$	
4. Penalty (add 15% of line 3 total if submitted after the 15th of the month):		=	\$	
5. Total Amount Due:		=	\$	
I DECLARE UNDER PENALTIES PRESCRIBED THAT THE IN THE BEST OF MY KNOWLEDGE.	IFORMATION PROVIDED IN THIS RE	TURN IS 1	TRUE AND CORRECT TO	
Printed Name of Preparer	Signature of Preparer	<del></del>	Date	
Please return this form with remittance to:  City of Brookhaven ATTN: Excise Tax		<u>M</u>	Make Check Payable To: City of Brookhaven	

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